•									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									10705737					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTI		OR	OTHER		
TO	OTAL CLAIMS		13				ſ	RATE FEE		FEE	1	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE 385.00		85.00	OR	BASIC FEE	770.0	o
TOTAL CHARGEABLE CLAIMS			13 mi	nus 20=	· 0			XS 9=			OR	XS18=		
INDEPENDENT CLAIMS) minus 3 = :		. 0		ł	X43=				X86=		4
Z	LTIPLE DEPEI	NDENT CLAIM P	RESENT						1145=		OR	+290=		\dashv
• If	the difference	in column 1 is	less than zero, enter "0" in column 2			ŧ	TOTAL			OR		77		
CLAIMS AS AMENDED - PART II								·	_		OR	TOTAL		2
(Column 1) (Column 2) (Column 3)								SMAL	LENT	ITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE	Ì	RATE	ADDI TIONA FEE	٩L
	Total ·	. 13	Minus	• 0	0			XS 9=			OR	XS18=	.]	
	Independent			40 5	3		·ľ	X43=	\top		OR	X86=		╕
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=		٦
							<u>.</u>	TOTA			OR	TOTAL ADDIT, FEE		
		· .*•		_					ļ					
MEN	1-12-06	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE	.	RATE	ADDI TIONA FEE	٩L
	रिनक्ष	. 11	Minus	• <i>à</i>	0			XS 9=	ı	.	OR	X\$18=	·	·
	Independent	NTATION OF ME	Minus	PENDENT CLAIM				X43=			OA	X86=	•	\exists
<u>l</u>	ringi Priese	·	CTIPLE DEF	ENDENI	CLAIM			-145=			OR	+290=		٦
			•			•	<u>.</u>	TOTAL			OR .	TOTAL ADDIT, FEE	•	ᅥ
		(Column 1)		(Colum	ın 21	(Column 3)			•		•	OUN. FEE		٦
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	niGnë NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		PATE	TIO	DI- NAL EE		RATE	ADDI TIONA FEE	AL.
	Total	•	N ⁴ ita s				Γ	X5 9=	T		OR	X\$18= .		
¥	ndependent		Minus	***			H	X43= ·	+-	7		X86=		ㅓ
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-	~~~	+-		PL	V003		4
• If the entry in column 1 is less than the entry in column 2, write 10 in column 3											OR	+290=		
(i	the Highest Nur the Highest Nur	nber Previously Pai nber Previously Pai	d For IN THIS Id For IN THIS	SPACE IS	less than less than	20, enter "20."		TOTAL DIT. FEE	<u> </u>			TOTAL ODIT, FEE		4
••	e urhesi tafilli	ber Previously Paid	For (Total or	Independen	ii is the i	nighest number	lound	on the ap	propri	ate box	n calu	ma I		